

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>9/20/04</u>		2 Serial/Patent # <u>10/257530</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time	15	7/12/04	\$ 475							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">6</td></tr></table>			5	0	--	0	4	7	6
5	0	--	0	4	7	6					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
Extension Submitted after extendable period											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Patent Examiner</u>									
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>305-9282</u>									
OFFICE: <u>Patent</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>9/21/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**